

Safety Seat Shipment Verification Form

Low Income Safety Seat Distribution and Education Program

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Site Contact Name: _____
Site Name: _____
Address: _____
Phone No.: _() _____ Fax No: _() _____
E-mail: _____

Report on number of seats received; not boxes. Both types of seats are shipped two per box.

Date Shipment Received: ____/____/____

Number of ***Titan65 Convertible*** Seats Received: _____
Number of ***Maestro Booster*** Seats Received: _____

In the event any shipment discrepancy occurs, be certain to document the discrepancy on the freight carrier's Bill of Lading, Proof of Delivery slip, or driver's electronic scanner. Evenflo packing slips cannot be used as verification of delivery by the freight carrier. Freight carrier causation of shortages and/or damaged goods must be documented correctly so that the freight carrier is liable and not the LISSDEP program.

Number of ***Titan65 Convertible*** Seats Refused Due to Damage: _____
Number of ***Maestro Booster*** Seats Refused Due to Damage: _____

Number of ***Titan65 Convertible*** Seats Missing from Shipment: _____
Number of ***Maestro Booster*** Seats Missing from Shipment: _____